



TENNESSEE DEATHS 2001



ABOUT TSPN

Depression is the #1 risk factor for Suicide.

ACT NOW... THERE IS HOPE... CALL

1-800-SUICIDE

Source: TN Dept. of Health

Tennessee Suicide Prevention Network

Strategy for Suicide Prevention

The strategy for suicide prevention in Tennessee builds upon the fifteen points raised in "The Surgeon General's Call to

Action to Prevent Suicide 1999" and the eleven points raised in "National Strategy for Suicide Prevention: Goals and Objectives for Action" printed by The Department of Health and Human Services, United States Public Health Service, Rockville, MD, 2001.

Following each of the eleven points is the TSPN response as adapted in the fall of 2002.

1. Promote Awareness that Suicide is a Public Health Problem that is Preventable.

Tennessee Response:

- Provide 1-800-SUICIDE as a statewide suicide prevention hotline.
- Secure the cooperation of radio and television stations, newspapers, and billboard companies to provide space for public service announcements of suicide prevention and crisis intervention services.
- Enlist the cooperation of ministerial alliances to publicize suicide prevention services.
- Develop a Suicide Prevention site on the Internet to aid in communication with the people of Tennessee.
- Conduct a follow-up statewide conference in the year 2003.

2. Develop Broad-based Support for Suicide Prevention.

Tennessee Response:

- Create a Tennessee Suicide Prevention Resource Directory with coordinators in each of the eight regions of the state.
- Encourage and support additional meetings of Suicide Anonymous, Survivors of Suicide, and families of survivors of suicide attempts throughout the state.

3. Develop and Implement Strategies to Reduce the Stigma Associated with Being a Consumer of Mental Health, Substance Abuse, and Suicide Prevention services.

Tennessee Response:

- Recruit survivors of suicide attempts and survivors of suicide to make public service announcements on television and radio.
- Develop Suicide Education Teams composed of survivors, survivors of attempts, and professionals in each of the eight regions of the state to offer training and speak to groups of professionals and gate keepers who come into contact with at risk individuals, for example, members of the legal profession, clergy, teachers, Employee Assistance Program staff members, health care workers, correctional workers, and police.

4. Develop and Implement Suicide Prevention Programs.

Tennessee Response:

- A. Include lists of existing educational programs for young people and elderly, like the Jason Foundation, mental health centers, crisis centers and other youth organizations on the Internet and in the Tennessee Suicide Prevention Resource Directory.
- B. Work with teachers in public and private schools and with others who work with children.
- C. Encourage development of Suicide Prevention Programs in psychiatric hospitals, substance abuse treatment programs, schools, correctional institutions, and community service programs.
- D. Encourage the development of Suicide Prevention curricula in Tennessee colleges & universities.

5. Promote Efforts to Reduce Access to Lethal Means and Methods of Self-Harm.

Tennessee Response:

- A. Develop an emergency department-screening tool to assess the presence of lethal means in the home.
- B. Encourage discussions of lethal means and safe storage practices in well-child care encounters and in educational programs for young people, parents and gatekeepers.
- C. Develop educational materials to make parents aware of safe ways of storing and dispensing pediatric medications.

6. Implement Training For Recognition of At-Risk Behavior and Delivery of Effective Treatment.

Tennessee Response:

- A. Encourage individual workers to participate in the American Association of Suicidology Crisis Worker Certification process.
- B. Promote Crisis Intervention and Suicide Prevention training for teachers in the school systems.
- C. Promote education on Suicide Prevention in continuing education courses for renewal of licenses in professional groups.
- D. Include focused education in Suicide Risk Management and Prevention at Regional workshops and the State Conference in the year 2003.
- E. Encourage crisis centers, churches, community counseling centers, and natural community helpers throughout the state to develop and implement effective training programs for family members of those at risk.

7. Develop and Promote Effective Clinical and Professional Practices.

Tennessee Response:

- A. Develop a statewide suicide screening assessment tool for primary care providers and distribute it statewide.
- B. Recruit a member of each primary care provider group to present the assessment tool to members of his/her own field.
- C. Encourage these presenters to attend the American Association of Suicidology Annual Conference on these topics and inform them of available scholarships to the conference.
- D. Encourage emergency departments to refer persons treated for trauma, sexual assault, or physical abuse for mental health services.

8. Improve Access to and Community Linkage with Mental Health and Substance Abuse Services.

Tennessee Response:

A. Provide maximum support, through the Tennessee Suicide Prevention Network, to such organizations as the Alliance for the Mentally Ill, the Tennessee Mental Health Association, the Tennessee Medical, Psychological, Psychiatric, Social Work, School Counselors and Nursing Associations, and The Jason Foundation, to educate and encourage legislators to eliminate mental health and substance abuse barriers in public and private insurance programs.

9. Improve Reporting and Portrayals of Suicidal Behavior, Mental Illness, and Substance Abuse in the Entertainment and News Media.

Tennessee Response:

A. Conduct workshops statewide and distribute educational materials to educate media personnel in the "American Associations of Suicidology/CDC Media Guidelines."

10. Promote and Support Research on Suicide and Suicide Prevention.

Tennessee Response:

A. Encourage Tennessee colleges, universities, hospitals, and clinics to intensify research related to suicide, including cultural-specific risk factors, interventions, and protective factors, and to present their results at Regional and State Conferences.

B. Encourage all Tennessee Suicide Prevention Programs to publish evaluations of their work.

11. Improve and Expand Surveillance Systems.

Tennessee Response:

A. Promote the adoption of the American Association of Suicidology/Center for Disease Control Standard Nomenclature for reporting suicide statistics in our state.

B. Encourage anonymous reporting of statistics on all suicide attempts in Tennessee.

